



Provider Communication

Subject: Mass Reprocessing for Fiscal Year 2004 Claims (Claims Originally Processed 07/01/03-06/30/04)	Priority: High
Date: August 27, 2004	Message ID: ACSBNR-082704-1

Dear Provider:

To ensure providers have been paid appropriately for properly submitted claims in Fiscal year 2004, DCH and ACS will begin reprocessing claims originally paid 07/01/2003 through 06/30/2004 on a Category of Service (COS) specific basis beginning **09/06/2004**. All “denied” claims originally submitted and adjudicated between 07/01/2003 and 06/30/2004 will be reprocessed regardless of COS. ACS will reprocess claims originally “paid” during the period 07/01/03 – 6/30/04 only if the claims were impacted by a recognized system issue. These claims will also be reprocessed on a COS basis.

ACS will notify the provider community of which categories of service are to be reprocessed each week, via a banner message. The mass reprocessing of all Fiscal year 2004 claims is scheduled to be completed by **12/18/2004**. Upon completion of this effort, ACS will continue Mass Adjustment processing according to standard Medicaid Fiscal Agent business practices and identify claims for reprocessing, as system issues impacting provider payment are resolved in the MHN system.

As a component of this process, ACS will employ “zero net effect” logic to minimize mass reprocessed claims appearing on your Remittance Advice. “zero net effect” logic will ensure that only the mass reprocessed claims that result in a net difference to the provider will appear on the Remittance Advice. This should lessen the amount of research required by your office staff to post the transactions to your internal system(s).

Mass Adjustment claims appear on the remittance advice in a special “Adjusted Claims” section following Paid and Denied original claims. As with original claims, adjusted claims are broken into “Adjusted Claims – Paid” and “Adjusted Claims - Denied.” Mass adjusted claims are differentiated from provider-submitted adjustment claims by a ‘4’ in the first position of the claim TCN (transaction control number). Additionally, the mass adjustment process creates two claims, a debit claim and a credit claim, for each original claim re-processed. The credit claim always has a status of paid. The debit claim can have status of paid or denied, based on the action taken against the mass adjustment claim.

Thank you for your continued participation in the Georgia Medicaid and PeachCare for Kids Programs.